

SERFF Tracking Number:	CHUB-125931519	State:	Arkansas
Filing Company:	Executive Risk Indemnity Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	EO AR0046801F01		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0019 Professional Errors & Omissions Liability
Product Name:	Multimedia Liability Insurance Policy		
Project Name/Number:	MMEDIA/468		

## Filing at a Glance

Company: Executive Risk Indemnity Inc.

Product Name: Multimedia Liability Insurance Policy SERFF Tr Num: CHUB-125931519 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: EO AR0046801F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Donna Daigle, Desirae Bartlett, Debra West, Christina Cresenzi

Disposition Date: 01/07/2009

Date Submitted: 12/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: MMEDIA

Status of Filing in Domicile: Pending

Project Number: 468

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/07/2009

State Status Changed: 01/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the laws of the State of Arkansas, we are filing one new application to be used in conjunction with our Multimedia Liability Insurance Policy. This policy was originally approved by your Department under our Filing Designation Number EO-AR-98152-01, effective December 14, 1998.

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Product Name:	Multimedia Liability Insurance Policy		
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## Company and Contact

### Filing Contact Information

Desirae Bartlett,	dbartlett@chubb.com
82 Hopmeadow Street	(860) 408-2172 [Phone]
Simsbury, CT 06070-7683	(860) 408-2047[FAX]

### Filing Company Information

Executive Risk Indemnity Inc.	CoCode: 35181	State of Domicile: Delaware
82 Hopmeadow Street	Group Code: 38	Company Type:
Simsbury, CT 06070	Group Name:	State ID Number:
(800) 464-7965 ext. [Phone]	FEIN Number: 13-2912259	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 flat fee for filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Executive Risk Indemnity Inc.	\$50.00	12/05/2008	24352360

<i>SERFF Tracking Number:</i>	<i>CHUB-125931519</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	01/07/2009	01/07/2009

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## Disposition

Disposition Date: 01/07/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>MMEDIA/468</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	No
<b>Supporting Document</b>	Form Filing Schedule	Approved	No
<b>Form</b>	MultimediaSM Liability Application for Blanket Producers Liability Coverage	Approved	No

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TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Multimedia Liability Insurance Policy

Project Name/Number: MMEDIA/468

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MultimediaSM Liability Application for Blanket Producers Liability Coverage	C34382	12-2008	Application/ New Binder/Enrollment		0.00	C34382.pdf



Chubb Group of Insurance Companies  
15 Mountain View Rd.  
Warren, NJ 07059

**MULTIMEDIA<sup>SM</sup> LIABILITY**  
Application  
for Blanket Producers Liability Coverage

BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING  
FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "COMPANY")

**NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the entities or individuals stated in Question 1, Section I. GENERAL INFORMATION, below.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Productions mean blanket productions to be insured.
4. Please attach a copy of the following for every **Applicant** seeking coverage:
  - Experience resume of its Owners/Principals, Producers and/or Executive Producers for the Productions;
  - Standard contract with advertising agencies, distributors, etc.;
  - Description of **Applicant's** last three Productions;
  - Annual gross revenues and production costs for the past year and an estimate for the current year;
  - Sample advertising specimens for the **Applicant's** Productions;
  - Clearance guidelines; and
  - Top five (5) clients and percentage of **Applicant's** gross revenues or anticipated revenues.

**I. GENERAL INFORMATION:**

1. Name of **Applicant**: \_\_\_\_\_
2. Address of **Applicant**: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Web address: \_\_\_\_\_
4. Name, Address and Title of Primary Contact: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. The **Applicant** is: ☐ Individual ☐ Non-profit  
☐ Corporation ☐ Privately Held  
☐ Partnership ☐ Publicly Traded  
☐ Other: \_\_\_\_\_
6. Year established: \_\_\_\_\_
7. Number of years operated under present ownership: \_\_\_\_\_
8. Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired? ☐ Yes ☐ No  
If Yes, list all such locations on a separate sheet and attach it to this Application.  
**NOTE: Coverage is not afforded to any entity not scheduled in this section of the Application and not specifically named as an Insured on the policy.**
9. a. Is **Applicant**: (i) wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 8, or (ii) does **Applicant** wholly or partially own, operate, manage or control any other businesses not previously listed in Question 1 or 8? ☐ Yes ☐ No



If Yes to either Question 9.a. (i) or (ii) above, provide complete details:

\_\_\_\_\_

\_\_\_\_\_

- b. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? ☐ Yes ☐ No

If Yes, please attach an explanation.

If Yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain:

\_\_\_\_\_

\_\_\_\_\_

**II. SPECIFIC INFORMATION:**

**POLICY INFORMATION:**

1. Coverage desired: ☒ Media Activities  
Limits of Liability desired:  
Each Claim or Related Claim: \$ \_\_\_\_\_  
Aggregate for all Claims and Related Claims: \$ \_\_\_\_\_
2. Retention Amount desired for each Claim or Related Claim:  
☐ \$25,000 ☐ \$50,000 ☐ Other: \$ \_\_\_\_\_
3. Co-insurance percentage desired for Media Activities:  
☐ 20% ☐ Other: \_\_\_\_\_% ☐ N/A
4. Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.
5. a. **Applicant's** estimated total gross revenues and production costs for the Productions:  
Estimated Production Costs: \_\_\_\_\_ Estimated Gross Revenues: \_\_\_\_\_
- b. Does **Applicant** offer/publish any information on-line? ☐ Yes ☐ No  
If Yes:  
(i) Describe content and format: \_\_\_\_\_  
(ii) Is it an interactive on-line service? ☐ Yes ☐ No  
(iii) What is the web address: \_\_\_\_\_

6. Estimated type and number of Productions to be produced annually:

Type of Productions	Number of Productions
Commercials	_____
Educational Films	_____
Infomercials	_____
Documentaries (please provide average running time)	_____
Industrial Films	_____
Training Films	_____
Other	_____

7. Please describe the general content of the Productions to be insured: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





8. Names of authors and writers of:

- a. underlying works: \_\_\_\_\_  
b. screenplays, etc.: \_\_\_\_\_

Will the necessary agreements from the authors and writers be obtained prior to commercial distribution and release of the Productions?

☐ Yes ☐ No

9. Productions are:

- ☐ Entirely fictional  
☐ Entirely fictional but inspired by real events or occurrences  
☐ True portrayal of real events or occurrences  
☐ True portrayal of real events or occurrences but includes some fictionalization  
☐ Based on another work

Name of other work(s): \_\_\_\_\_

Will the necessary agreements from the owners of the other work(s) be obtained prior to commercial distribution and release of the Productions?

☐ Yes ☐ No

- ☐ Other (Please explain): \_\_\_\_\_

10. Production contents are:

<input type="checkbox"/> Drama	<input type="checkbox"/> Comedy	<input type="checkbox"/> Children's Show	<input type="checkbox"/> Documentary
<input type="checkbox"/> Reality	<input type="checkbox"/> Variety	<input type="checkbox"/> Game or Quiz	<input type="checkbox"/> Musical
<input type="checkbox"/> Investigative	<input type="checkbox"/> Animated	<input type="checkbox"/> Educational	<input type="checkbox"/> "How To"
<input type="checkbox"/> Commentary or Forum	<input type="checkbox"/> Sports	<input type="checkbox"/> Previously Released Film	
<input type="checkbox"/> Other (Please explain) _____			

11. **Applicant's** projected distribution:

<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> Local
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12. Will any merchandise (such as toys, dolls, clothing, etc.) be created from the Productions?

☐ Yes ☐ No

- a. If Yes, please describe all such merchandise: \_\_\_\_\_

- b. Have all necessary consents and licenses been obtained from performers, authors, artists, etc., to produce and distribute this merchandise?

☐ Yes ☐ No

- c. Will appropriate trademark or other searches be made before merchandising characters or other matter that might be subject to trademark, unfair competition or other similar claims?

☐ Yes ☐ No

- d. Is the merchandise being designed and/or produced by licensees of the **Applicant**?

☐ Yes ☐ No

If Yes, are the licensees providing warranties and indemnities that their contributions to the design, marketing and production of the merchandise and packaging will not infringe upon the rights of others?

☐ Yes ☐ No

**III. RISK MANAGEMENT PROCEDURES:**

1. **Applicant's** attorney (individual's name): \_\_\_\_\_

Firm name and address: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



2. Has the **Applicant's** attorney read the Clearance Procedures attached to this Application? ☐ Yes ☐ No
3. a. Does **Applicant** maintain written clearance guidelines for obtaining all necessary releases, licenses, and consents? ☐ Yes ☐ No  
If Yes, please provide a copy of clearance guidelines with this Application.
- b. Has the **Applicant's** attorney approved as adequate the clearance procedures used by the **Applicant** in connection with the Productions? ☐ Yes ☐ No  
If No, have the producer and attorney arranged that the producer will give the attorney adequate information and materials to approve clearance procedures prior to the completion of the Productions? ☐ Yes ☐ No  
If No to any part of this question, please describe all clearance procedures that the attorney has not yet approved (such as chain of title, script clearance, or review of contracts): \_\_\_\_\_
- 
4. Does the **Applicant** have a process for processing unsolicited submissions? ☐ Yes ☐ No  
If Yes, please provide a copy of this process.
5. Will the name or likeness of any living person be used or will any living person be portrayed (with or without use of name or likeness) in the Productions prior to commercial distribution and release? ☐ Yes ☐ No  
If Yes, will clearances be obtained in all cases prior to commercial distribution and release? ☐ Yes ☐ No  
If clearances will not be obtained, please explain: \_\_\_\_\_
- 
6. Will the name or likeness of any deceased person be used or will any deceased person be portrayed (with or without name or likeness) in the Productions? ☐ Yes ☐ No  
If Yes, will clearances be obtained in all cases from personal representatives, heirs or other owners of such rights prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
If clearances will not be obtained, please explain: \_\_\_\_\_
7. Prior to commercial distribution and release of the Productions, will there be any reasonable expectation that a living person could claim to be identifiable in the Productions, whether or not the person's name or likeness will be used or the Production purports to be fictional? ☐ Yes ☐ No  
If Yes, will a release be obtained from such person prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
If a release will not be obtained from such person, please explain: \_\_\_\_\_
- 
8. Has the **Applicant** or any of its agents or predecessors failed to obtain an agreement or release after bargaining for:
- a. any rights in literary, musical or other material; or ☐ Yes ☐ No
- b. releases from any persons in connection with the Productions? ☐ Yes ☐ No
9. Will title reports be obtained from a title clearance service prior to commercial distribution and release of the Productions? ☐ Yes ☐ No
10. Will a copyright report be obtained prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
Will ambiguities or gaps in the line of copyright ownership ("chain of title") be favorably addressed prior to commercial distribution and release of the Productions? \_\_\_\_\_  
If No, please explain why not: \_\_\_\_\_



11. Will there be any literary or other material in the Productions that was copyrighted in the United States before January 1, 1978? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
12. Will there be any clips (film or video excerpts from other sources) or photographs used in the Productions? ☐ Yes ☐ No  
If Yes, will all licenses and consents for the clips be obtained prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
If No, please explain: \_\_\_\_\_
13. Will a script research report be obtained (to clear character and business names, etc.) prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
If Yes, will suggested changes be made and suggested permissions obtained prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
If No to either question, please explain: \_\_\_\_\_
14. Will musical rights be cleared prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
a. Recording and synchronization rights? ☐ Yes ☐ No  
b. Performing rights? ☐ Yes ☐ No  
c. Right to distribute for all forms contemplated (home video/DVD/CD/Soundtrack/cassette or any other technology that may be developed in the future, etc.)? ☐ Yes ☐ No
15. Does **Applicant** require a hold harmless agreement with respect to music, programming, advertising or other information obtained from third parties? ☐ Yes ☐ No
16. a. Will products be used in any of the Productions? ☐ Yes ☐ No  
If Yes, will **Applicant** obtain releases from owners of these products prior to commercial distribution and release of the Productions? ☐ Yes ☐ No  
b. If **Applicant** uses product placement in its Productions, but does not obtain revenue from the owners of those products or trademarks, does **Applicant** obtain signed releases from the owners of those products or trademarks in the course of making the Productions? ☐ Yes ☐ No
17. If original music is commissioned, will a warranty of originality and an indemnity against third party claims be obtained from the composer prior to commercial distribution and release of the Productions? ☐ Yes ☐ No

**IV. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:**

1. Does the **Applicant** have blanket producer Errors and Omissions liability insurance currently in force? ☐ Yes ☐ No  
a. If Yes to Question 1, is Advertising Injury coverage included? ☐ Yes ☐ No  
b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	



		\$	\$	\$	
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2. **MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

Has the **Applicant** ever had an application for producer liability insurance declined, or had a producer liability policy canceled or non-renewed by the insurer?

☐ Yes ☐ No

If Yes, please attach an explanation.

3. Does the **Applicant** maintain a comprehensive general liability policy?

☐ Yes ☐ No

If Yes, please provide the following information:

Name of Insurer: \_\_\_\_\_

Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_

Is Personal Injury coverage included?

☐ Yes ☐ No

Is Product Liability coverage included?

☐ Yes ☐ No

**LOSS HISTORY:**

4. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass?

☐ Yes ☐ No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

5. Please attach a list (including the status) of all producer liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: ☐ None

6. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance?

☐ Yes ☐ No

If Yes, please attach a description which provides full details.

**Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 4, 5, and 6 above is excluded from the proposed insurance.**

**V. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.



**Chubb Group of Insurance Companies**  
15 Mountain View Rd.  
Warren, NJ 07059

**MULTIMEDIA<sup>SM</sup> LIABILITY**  
Application  
for Blanket Producers Liability Coverage

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

**Notice to Arkansas, Louisiana, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



**Chubb Group of Insurance Companies**  
15 Mountain View Rd.  
Warren, NJ 07059

**MULTIMEDIA<sup>SM</sup> LIABILITY**  
Application  
for Blanket Producers Liability Coverage

Date

Signature\*

Title

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Chief Executive Officer

Chief Financial or Chief  
Information Officer

\*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By:

Agent (Print & Sign): \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Submitted By:

Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## *Clearance Procedures*

The Clearance Procedures below should not be construed as exhaustive and they do not cover all situations that may arise in any particular circumstance or any particular Productions.

1. **Applicant** and its counsel should monitor the Productions at all stages, from inception through final cut, with a view to eliminating material that could give rise to a claim.

Consideration should be given to the likelihood of any claim or litigation. Is there a potential claimant portrayed in the Productions who has sued before or is likely to sue again? Is there a close copyright or other legal issue? Is the subject matter of the Productions such as to require difficult and extensive discovery in the event of necessity to defend? Are sources reliable? The above factors should be considered during all clearance procedures.

2. The Producer and the lawyer need to read the script prior to commencement of any Production to eliminate matter that is defamatory, invades privacy or is otherwise potentially actionable.
3. A script research report should also be prepared *before* filming to alert the Producer to potential problems. Such problems may include: names of fictional characters that are coincidentally similar to real people; script references to real products, businesses or people if not cleared; or uses of copyrighted or other protected materials, etc. Fictional character names should be checked in relevant telephone directories, professional directories or other sources to minimize the risk of accidental identification of real people. Similar checks should be done for the names of businesses, organizations and products used in the Productions. Special care should be taken to check names of person, businesses, etc., that are negatively portrayed. The Producer also must be alert to elements that do not appear in the script (such as art works used on the set) but that may need clearances.
4. If any Production is a documentary and there is no script, the Producer should provide its counsel with a detailed synopsis of the project in advance of production. (If it is a documentary series, the lawyer should receive a detailed synopsis of each episode.) If any Production will involve negative statements about people or businesses, the Producer should provide counsel with full details about the allegations and their merit. Problem statements can then be identified and thus avoided while filming. During filming, the Producer should be careful to avoid (or consult with counsel about) possible problem areas. (Examples include: filming identifiable copyrighted items or performances, trademarks, persons who have not specifically consented to be filmed, or minors.) Relevant laws differ from place to place: some jurisdictions have very restrictive rules about filming persons, signs, buildings, public art, etc. Also, be careful to avoid narration or editing that accidentally implies negative things about pictured people, products and businesses.
5. A copyright report for an underlying script, book or other work must be obtained, unless the particular work is an unpublished original, not based on any other work, and it is certain that it was not optioned or licensed to others prior to the **Applicant's** acquisition of rights. Both domestic and foreign copyrights and renewal rights should be checked. If a completed film is being acquired, a similar review should be made of copyright and renewals on any copyrighted underlying property.
6. The origins of the work should be ascertained — basic idea, sequence of events and characters. Have submissions of any similar properties been received by the **Applicant** or someone closely involved with the particular Production? If so, the circumstances as to why the submitting party may not claim theft or infringement should be described in detail.
7. Prior to final title selection for the Productions, a title report must be obtained. **TITLE COVERAGE WILL NOT BE OFFERED UNLESS FAVORABLE TITLE REPORTS AND OPINIONS ARE OBTAINED PRIOR TO COMMERCIAL DISTRIBUTION AND RELEASE OF THE PRODUCTIONS.**



8. Whether a particular Production is fictional or factual, the names, faces and likenesses of any recognizable living persons should not be used unless written releases have been obtained. A release is unnecessary if a person is part of a crowd scene or shown in a fleeting background. Releases can only be dispensed with if the **Applicant** provides the Company with specific reasons, in writing, as to why such releases are unnecessary and such reasons are accepted by the Company. The term "living persons" includes thinly disguised versions of living persons or living persons who are readily identifiable because of identity of other characters or because of the factual, historical or geographic setting.
9. All releases must give the **Applicant** the rights to edit, modify, add to and/or delete material, juxtapose any part of the film with any other film, change the sequence of events or of any questions posed and/or answers given, fictionalize persons or events, and make any other changes in the film that the **Applicant** deems appropriate. If a minor, consent has to be legally binding.
10. If music (pre-existing or original) is used, the **Applicant** must obtain all necessary synchronization and performance licenses from copyright proprietors. All necessary licenses must also be obtained for recordings of such music.
11. Written agreements must exist between the **Applicant** and all creators, authors, writers, performers and any other persons providing material (including quotations from copyrighted works) or on-screen services.
12. If distinctive locations, buildings, businesses, personal property or products are filmed, written releases must be secured. This is not necessary if such real property is seen only as non-distinctive background.
13. If a Production involves actual events, it should be ascertained that the author's major sources are independent and primary (contemporaneous newspaper reports, court transcripts, interviews with witnesses, etc.) and not secondary (another author's copyrighted work, autobiographies, etc.).
14. Shooting script and rough-cuts should be checked to assure compliance with all of the above. During photography, persons might be photographed on location, dialogue added or other matter included that was not originally contemplated.
15. If the intent is to use any Production or its elements on videocassettes, web sites, multimedia formats or other technology, rights to manufacture, distribute and release the particular Production must include the above rights and must be obtained from all writers, directors, actors, musicians, composers and others necessary therefore, including proprietors of underlying materials.
16. Film/video clips are dangerous unless licenses and authorizations for the second use are obtained from the owner of the clip, as well as licenses from all persons rendering services in or supplying material contained in the clip; e.g., owners of underlying literary rights, writers, directors, actors, music owners or musicians. Special attention should be paid to music rights as music owners often take the position that new synchronization and performance licenses are required.
17. Living persons and even the deceased (through their personal representatives or heirs) may have a "right of publicity." Clearances must be obtained where necessary. Where a particular work is fictional in whole or in part, the names of all characters must be fictional. If for some special reason particular names need not be fictional, full details must be provided to the Company in an attachment to the Application.



<i>SERFF Tracking Number:</i>	<i>CHUB-125931519</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Executive Risk Indemnity Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>EO AR0046801F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Multimedia Liability Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>MMEDIA/468</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CHUB-125931519</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Executive Risk Indemnity Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Multimedia Liability Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>MMEDIA/468</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/07/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	AR P&C trans 468.pdf			

<b>Satisfied -Name:</b>	Form Filing Schedule	<b>Review Status:</b>	Approved	01/07/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	AR 468 ffs.pdf			


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Chubb Group of Insurance Companies	0038			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Executive Risk Indemnity Inc	DE	35181	13-2912259	

<b>5. Company Tracking Number</b>	EO AR0046801F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Desirae Bartlett 82 Hopmeadow St., P.O. Box 2002 Simsbury CT 06070-7683	Support Specialist	800-464-7965 x 2172	860-408-2047	dbartlett@chubb.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Desirae Bartlett			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.00019
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	Commercial
<b>12. Company Program Title (Marketing Title)</b>	ForeFront Portfolio for Not-For-Profit Organizations
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 01/04/2009      Renewal: 01/04/2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	December 4, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	EO AR0046801F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing this additional application to be used in conjunction with our ForeFront Portfolio for Not-For-Profit Organizations product.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="181 1463 649 1522"> <p><b>Check #:</b> Funds submitted via EFT</p> <p><b>Amount:</b> \$50.00</p> </div> <div data-bbox="152 1759 1300 1812"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	EO AR0046801F01
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2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a
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3.	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Multimedia <sup>SM</sup> Liability Application for Blanket Producers Liability Coverage	C34382 (12/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		